

Date Received: \_\_\_\_\_

**Fee Received:** \_\_\_\_\_



# ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-942-8285 ♦ Fax: 205-942-8285 \*51 ♦ [www.idboard.alabama.gov](http://www.idboard.alabama.gov)

## CONTINUING EDUCATION REPORT FORM

INSTRUCTIONS:

List all IDCEC approved courses in which you participated and wish to submit for continuing education program credit. You may duplicate this form if necessary. A non-refundable **\$25.00 CEU maintenance fee** shall accompany form. Make check payable to the Alabama State Board of Registration for Interior Design. There will be a charge if a request is submitted for copies of any of the above documentation. Form shall be signed and dated. This form shall be completed in its entirety. Please type or print clearly in black ink.

**NAME:** \_\_\_\_\_ **Maiden Name if applicable:** \_\_\_\_\_

**REGISTRATION NUMBER:** \_\_\_\_\_

CHECK # : \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**NOTE:** The Code of Alabama 1975, sec. 30-3-194 "Alabama Child Support Act of 1997" requires registrants to provide social security number.

EMAIL ADDRESS: \_\_\_\_\_

**RESIDENCE ADDRESS:** Number & Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_ **Position or Title** \_\_\_\_\_

**BUSINESS ADDRESS:** Number and Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**TELEPHONE:** Residence ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**COURSE LISTING:**

[illegible]

**NOTE: Copies of supporting documentation of coursework shall be provided along with this form.**

**EXEMPTIONS:**

- ☐ I am exempt due to inactive status.
- ☐ I am exempt for the current recording period due to first time registrant approved by the Board after December 31.
- ☐ I am exempt due to active duty service in the armed forces over ninety days. I am not a full time member of the armed forces.
- ☐ I am actively registered in another state. I am registered in \_\_\_\_\_ and my registration number is \_\_\_\_\_. Attached is current proof of registration.

I acknowledge and affirm that I have completed the continuing education hours as required by the Alabama State Board of Registration for Interior Design and I affirm and acknowledge that the accuracy of information given in this form is true and correct and authorize the Board to investigate any and all statements made herein.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**NOTE: Copies of supporting documentation of coursework shall be provided along with this form.**

**MAIL TO:**  
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**Birmingham, AL 35202**  
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